



APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	081
Chapter / Section	Long-term services and Supports (LTSS)
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[Long-term services and supports manual | Washington State Health Care Authority](#)

Summary of Revision: This section describes the Presumptive Eligibility (PE) Process for Home and Community (HCS) Long-term Services and Supports described in WAC 182-182-1110, WAC 388-106-1810 and 388-106-1820.

Create New Manual Page Put new link to new manual page here:

Title of Manual Page:

Presumptive eligibility authorized by Home and Community Services (HCS) Long-term Services and Supports (LTSS)

Purpose Statement: This section describes the presumptive eligibility (PE) process used by Home and Community Services (HCS) for Long-term Services and Supports (LTSS) discharges from acute care or community psychiatric hospital to a home setting.

Since this is new manual page, Insert WAC in the box here: WAC 182-513-1110

Clarifying Information

Under the 1115 Medicaid Transformation Project (MTP) waiver, Long-Term Services and Supports Presumptive Eligibility (LTSS PE) is a package of services that allows the

Commented [RL(1)]: Current rule in emergency status . Needs to be added to AH manual and linked to this manual revision.

Rulemaking status history
Emergency Adoption (CR103E)

- [WSR 23-19-050](#)
• Effective: 9/14/2023 - 1/12/2024

Preproposal (CR101)

- [WSR 23-19-087](#)
• Filed: 9/20/2023

state to waive certain Medicaid requirements and provides individuals an opportunity for expedited access to specific home and community-based services in their own home and Medicaid medical coverage, for a limited time, while full functional and financial eligibility are being determined.

LTSS PE will establish presumptive eligibility for individuals in need of long-term services and supports under Medicaid state plan and 1915(c) waiver authorities and Medicaid medical coverage when discharging from an acute or community psychiatric hospital stay or diverting from these facilities.

LTSS PE will be rolled out statewide in 3 phases:

- Phase 1 starts November 6th, 2023, and will span through Spring 2024. Phase 1 will be offered to applicants who will be or have discharged an acute care hospital or diverted from a community psychiatric hospital to their own home, in the last 30 days.
- Phase 2 is anticipated to roll out statewide in Spring-Summer 2024 and expand LTSS PE services to applicants who choose to receive services in their own home.
- Phase 3 is still under review by CMS. This phase is projected to expand to an alternative living facility setting. If approved, it will roll out statewide Fall 2024. A new chapter **7i** has been added to the HCS Social Services long term care manual.

Commented [TG2]: It looks like it says 71. Should it say 7i, as in the letter?

Commented [RL(3R2)]: We changed it to 7i

LTSS PE allows services to be authorized based on a brief screening of financial and functional eligibility criteria. The screening is completed by HCS social service staff. The goal of LTSS PE is to provide individuals with expedited access to home and community-based services (HCBS). Those under PE receive Apple Health (AH) coverage while eligibility is being determined. Individuals already active on AH Medicaid will only require a functional PE determination. If the person is found PE, services can be received for a period of up to 60 days while financial and functional eligibility is being determined.

If a financial application has been filed, the PE period continues until the last day of the month that the final eligibility determination is made.

If an application isn't filed within 10 calendar days of PE determination, the PE period stops at the end of the month following the month services were first authorized.

If the client is active on an S01, S02, or S08 program, the PE process and a new application is not required. If the client is in their review month, the renewal for the S02 and S08 follows regular renewal procedures. Follow regular change of circumstance procedures when changing the program to an L track when services are authorized by the HCS social worker/case manager.

If the client is active on a Modified Adjusted Gross Income (MAGI) categorically needy (CN) or Alternate Benefit Plan (ABP) program, the PE process is not needed if the client's needs are covered under Community First Choice (CFC) or Medicaid Personal Care (MPC).

If the MAGI client needs HCBS Waiver services, the MAGI medical program will continue until an application for HCBS is received and eligibility for the L22 is determined.

For example:

Mary is currently hospitalized and would like to discharge to her own home. She will need access to caregiving services immediately upon discharge. Mary is found Presumptively Eligible for LTSS services on 3/1 and is discharging home with both a caregiver, and Medicaid coverage in place. Mary has until 3/11 to file an application for LTSS if she wishes to continue to receive services. If she doesn't apply by that date, the LTSS PE will end on 4/30.

Mary filed the application by 3/11 and will continue to receive services until a final eligibility decision is made on her application.

If it is later determined that Mary wasn't eligible for services, there is no requirement to repay any of the services that were received during the PE period. LTSS PE can't be backdated and won't cover services provided before the date of the authorization.

Worker Responsibilities

The PE process is determined and authorized by HCS social services staff. The PE determination will be for both functional and financial eligibility criteria.

Social services staff will send a 14-443 authorizing LTSS PE. The PBS will immediately screen in and open a workaround S02. Indicate under HCBS "I" 1915(i) as a workaround. Set a tickler for 10 days to check for application. Once an LTSS application is received, the PBS will leave the S02 open while financial eligibility for the L-track is being determined. Once the LTSS application is approved or denied, send another 07-104 communication to social services to notify them of the final decision.

When the final L-track approval or denial is processed and the letter is sent, close the workaround S02 with ACES reason code 599 and suppress the letter.

Once ACES supports this process, the ACES program will be a S32.

S02 workaround for PE:

- o Screen S02 for the month PE starts.

- Reduce the income to the MNIL using the [MAGI redetermination](#) workaround process, coding the difference as CI
 - If the client applies and/or is approved for food assistance, the amount the income is reduced by CI needs to be coded as unearned income type: Other Countable-Food Assistance (OF).
 - Code Disability / Incapacitated / Psychiatric with SSA or DDDS approval source if available. If no other disability approval source is available and form HCA 19-0054 is provided while DDDS is making determination code Attested Disability as the Approval Source, use the date PE was approved on 14-443 for the Approval Date and Established Date, and use the end of the month following the month PE was approved as the End Date.
 - Code Home and Community Based Services type 1915(i) as a placeholder and tracker for the PE AUs. Use the approval date for PE from the 14-443 for the Start Date and Payment Auth Date.
 - Narrate: Date 14-443 was received Start date for Presumptive Eligibility Screened S02 and workarounds used Approval of S02 with start date, deletion of S02 approval letter as SW mailed PE Approval Letter Any attempts made to contact client for Telephonic LTC Application If no Telephonic Signature, 10 day Tickle set to track receipt of LTC Application
 - The Social Worker is responsible for providing the client with a Presumptive Eligibility Letter. The S02 Approval Letter will need to be deleted/suppressed same day.
 - Code AVS Authorized as Exception.
 - Code a shelter amount as \$100 if not on food benefit as a workaround

HCA AH manual team: See the remarks/notes re tying the page in to the LTSS index and application section.

HCA AH Elig Manual <AHEligManual@hca.wa.gov>